

## DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

### PART II - BACKGROUND INFORMATION

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Discuss soldier's excess leave balance.
- Reach a decision that will most likely ensure that the leave is used and not lost.

### PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

**Key Points of Discussion:**

(Rank/Name) \_\_\_\_\_, after reviewing you (LES) (Commander's Financial Summary Report) for the month of \_\_\_\_\_ for the month of \_\_\_\_\_, your leave balance was shown to be \_\_\_\_\_ days. I am advising you that if you fail to properly manage your leave or wait until the last moment to take leave, it is possible that you will not be able to take leave if your leave conflicts with mission requirements.

Please ensure that you plan ahead and use this leave as a chance to increase your quality of life.

### OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action:** *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

- Soldier stated that he/she understood the counseling and that should they fail to properly manage earned leave it could result in the loss of leave if their intended leave conflicts with unit mission requirements.
- Requested that the soldier provide a reason why the leave has not been used to date and his/her plan to use the leave:

**Session Closing:** *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** *(Leader's responsibilities in implementing the plan of action.)*

- Continue to monitor soldier's leave balance.
- Work with the soldier to ensure that the leave is taken if at all possible.

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.